



International Student Program

HOST FAMILY APPLICATION

HICKORY GROVE
CHRISTIAN SCHOOL



HICKORY GROVE

CHRISTIAN SCHOOL

Host Family Surname _____

If you have any questions relating to this form, please refer them to Tracey Bennett. You will need to provide personal references (pages 6 and 7) that should be turned in directly by your reference in a sealed envelope or emailed directly to traceybennett@hgchristian.org. Your application does not necessarily mean that an international students will be placed in your home. Likewise, it does not commit you to accept a student until you have received further information.

1. Parents

Home address _____

City _____ State _____ Zip _____

Home phone _____

Father's name _____ Mother's name _____

Cell # _____ Cell # _____

Email _____ Email _____

Employer _____ Employer _____

Position _____ Position _____

Work phone _____ Work phone _____

Referred by _____ Relationship to family _____

Do you have regular homeowner's insurance (fire, theft, etc.) on your home? Yes No

We acknowledge that all costs related to hosting a student may not be covered by the homestay stipend, and we are comfortable incurring such costs. Yes No

2. Children in Family

First name	Age	M	F	School grade level	Employed		At home	
					Yes	No	Yes	No
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Additional Residents in Home

First name	Age	M	F	In School		If yes, school grade level	Employed		If yes, occupation
				Yes	No		Yes	No	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____



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4. Family Members who have chronic illnesses, disabilities, or disorders

Name _____ Description of condition _____

Name _____ Description of condition _____

Name _____ Description of condition _____

5. Pets

We have the following pets in our home: _____

6. Transportation to and from school

If an international student is placed in our family, he/she will get to and from school by

School bus Family transportation Walking/biking Other (please explain) _____

Approximate distance to school _____

7. Tell us more about your family. How would you describe your pace of life, interests, and adaptability?

8. Student preferences

We would prefer a male student female student no preference

We would prefer a student in grade 6 7 8 9 10 11 12 no preferences

Give other information that you think would be helpful in selecting a student for your family. What activities do you hope he or she would enjoy with your family?



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9. Motivation for hosting

Please explain why you would like to host an international student.

10. What is your experience in hosting international students?



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11. Faith commitment

Father, please describe your spiritual journey.

Mother, please describe your spiritual journey.

What church does your family attend?
Describe your involvement in the church.

How will you nurture the spiritual growth of an international student placed in your home?



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12. Personal recommendations

Pastoral Reference

to be completed by someone in spiritual authority over the family.

The above-named family has offered to host an international student in their home for a school year. Please help us find the best placement for our students by responding to the questions below with complete honesty. Your frankness is greatly appreciated, and we will treat your reply confidentially. Please return this form directly to the person and the address or the email address provided below. Thank you!

How long, how intimately, and under what circumstances have you known this family?

Please describe this family's Christian faith.

Do you think that this family will nurture the spiritual growth of a student placed in their home? Please explain.

Please comment on why you think this family should or should not serve as a host family.



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Are there any ongoing circumstances in the family that the school should know about before placing a student in the family's home? If yes, please explain.

Do you have any additional comments about this family?

Name (please print) _____

Signature _____ Date _____

Address _____
STREET CITY STATE ZIP

Phone (preferred #) _____ Email _____

Please return the form in a sealed envelope to the following address:

Missy Smith, Director, International Student Program
Hickory Grove Christian School
7200 E. WT Harris Blvd.
Charlotte, NC 28215

Or send it electronically to:
missysmith@hgchristian.org



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Personal Reference

To be completed by a friend of the family who does not work for Hickory Grove Christian School.

The above-named family has offered to host an international student in their home for a school year. Please help us find the best placement for our students by responding to the questions below with complete honesty. Your frankness is greatly appreciated, and we will treat your reply confidentially. Please return this form directly to the person and the address or the email address provided below. Thank you!

How long, how intimately, and under what circumstances have you known this family?

Would you feel comfortable placing your own child in this family's home? Please explain your answer.

What are this family's strengths and weaknesses?

Please comment on why you think this family should or should not serve as a host family.

(please continue to the following page)



HICKORY GROVE CHRISTIAN SCHOOL

Host Family Surname _____

BACKGROUND CHECK DISCLOSURE - RELEASE OF LIABILITY

Please print clearly (blue or black ink only)

I, _____ (Applicant) Date of birth ____/____/____ Social Security # _____, do hereby authorize all corporation, former employers, credit agencies, educational institutions, law enforcement agencies, city or state courts, federal courts, and military services to release information about my background, including but not limited to: Information about my employment, education, consumer credit history, driving record, criminal record, public records, and history to the personal company or company with which this form has been filed, or their investigation agencies. This releases Hickory Grove Baptist Church, including their parties from any liability and responsibility for collection of the above information.

Complete Legal Name _____ Maiden Name _____

Driver License # _____ State _____ Date of Issue _____

Form with checkboxes for Yes/No and text: Have you been convicted of a crime in the past ten years that has not been annulled, expunged, or sealed by a court? If yes, please explain (attach another sheet if necessary; a background check will be requested.)

If you prefer, you may refuse to answer this question, or you may discuss your answer in confidence with the Human Resources office. Answering yes, you will automatically be disqualified from employment.

CURRENT ADDRESS (if less than 7 years, please provide previous locations: include city, state, zip code, and county)

Table with 3 columns: Address, City, State/Zip, County, Length at Address

PREVIOUS ADDRESS

Table with 3 columns: Address, City, State/Zip, County, Length at Address

PREVIOUS ADDRESS

Table with 3 columns: Address, City, State/Zip, County, Length at Address

AUTHORIZATION AND RELEASE

I hereby authorize any person, agent, corporation, company, former employers, credit agencies, educational institutions, law enforcement agencies, city or state courts, federal courts, and military services to release information about my background including, but not limited to: performance as an employee, student, associate, or acquaintance.

I release, and permanently hold harmless, Hickory Grove Baptist Church, their agents and assigns from any and all demands or liabilities they may originate from these investigations, or any demand or liability which may result from any physical examination, drug testing procedure, x-rays, or other medical screen procedures conducted by them or their agents, and any person, corporation, institution, or their agents who may act upon the authority of this release.

I hereby authorize that a photocopy, electronic facsimile, or email of this document shall serve as an original.

I agree to be bound by the bylaws and policies of Hickory Grove Baptist Church, and to refrain from unlawful or unscriptural conduct in the performances of my services on behalf of the church.

I further state that I HAVE CAREFULLY READ THE FOREGOING DISCLOSURE AND RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement, which I have read and understand.

Printed Name _____ Date _____

Applicant Signature _____



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Please print clearly (blue or black ink only)

I, _____ (Applicant) Date of birth ____/____/____
Social Security # _____, do hereby authorize all corporation, former employers, credit agencies, educational institutions, law enforcement agencies, city or state courts, federal courts, and military services to release information about my background, including but not limited to: Information about my employment, education, consumer credit history, driving record, criminal record, public records, and history to the personal company or company with which this form has been filed, or their investigation agencies. This releases Hickory Grove Baptist Church, including their parties from any liability and responsibility for collection of the above information.

Complete Legal Name _____ Maiden Name _____

Driver License # _____ State _____ Date of Issue _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you been convicted of a crime in the past ten years that has not been annulled, expunged, or sealed by a court? If yes, please explain (attach another sheet if necessary; a background check will be requested.)
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Address	City
State/Zip	County Length at Address

PREVIOUS ADDRESS

Address	City
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Printed Name _____ Date _____

Applicant Signature _____